

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045628

STATE FILE NUMBER

12496

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes  No

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01/ 5221 Westminster Pl. Length of stay in lb 50-yrs.

STREET ADDRESS (If outside, give location) 7/28 5221 Westminster Pl. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Janet Pierson Farish

4. DATE OF DEATH Dec. 25, 1958 Month Day Year

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH Dec. 29, 1869

9. AGE (In years last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) New Orleans, La.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William H. Pierson

14. MOTHER'S MAIDEN NAME Nina Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. R.W. Knapp, 4600 McPherson Ave. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Chronic myocarditis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }  
DUE TO (b) Auricular-ventricular heart block  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 433.0

INTERVAL BETWEEN ONSET AND DEATH 5 years

2 years

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 7, 1958 to Dec. 25, 1958 and last saw her alive on Dec. 25, 1958. Death occurred at 6:30 pm on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) Linda Becke M.D.

22b. ADDRESS 3720 Washington Blvd.

22c. DATE SIGNED 12-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 27, 1958

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. DEC 26 '58

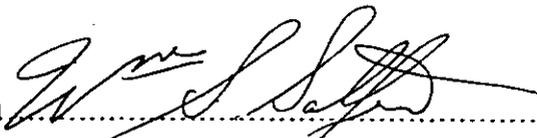
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.

Dr. Carlos Lopez 10 am

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 461

P. O. Address 3840 Loma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.